

EXHIBIT

“K”

Autopsy Report

FORENSIC MEDICAL MANAGEMENT SERVICES OF TEXAS, P.A.
Beaumont/Jefferson County
PO Box 20097
Beaumont, Texas 77720

Case Number: 16-0585BMT
County: Jefferson

AUTOPSY REPORT

NAME OF DECEDENT: Manuel Delacruz RACE: H SEX: M
DATE AND TIME OF DEATH: August 1, 2016 at 8:58 p.m.
DATE AND TIME OF AUTOPSY: August 2, 2016 at 10:10 a.m.
FORENSIC PATHOLOGIST: Ami Murphy, D.O.

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PATHOLOGIC FINDINGS

1. Pleural petechiae, left lung.
2. Pulmonary congestion.
3. Puncture marks, abdomen.
4. Scattered abrasions and contusions.
5. Obesity (Body mass index = 42.2 kg/m²).
6. Hepatic steatosis.
7. Toxicology positive for olanzapine; refer to toxicology report.
 - a. Reported history of schizophrenia.

CAUSE OF DEATH: Undetermined.

MANNER OF DEATH: Undetermined.

I hereby certify that I, Ami Murphy, D.O., have performed an autopsy on the body of Manuel Delacruz on the 1st day of August 2016 at 10:10 a.m. at the Forensic Medical Management Services facility in Beaumont, Texas.

IDENTIFICATION: Identification, time of death, and date of death per Justice of the Peace.

CIRCUMSTANCES: Circumstances and history are provided on the inquest. Please see separate report for full details.

MEDICAL HISTORY: Medical history is significant for schizophrenia. Medication history is significant for olanzapine.

AUTHORIZATION: The Honorable Brad Burnett, Justice of the Peace, Precinct 7, Jefferson County, Texas has given written authorization to perform an autopsy on the decedent.

Ami
9/20/16

DELACRUZ 0065

16-0585BMT
DELACRUZ, MANUEL
Page 2 of 5

ATTENDEES:

Forensic Technician: Blake Broussard.

Law enforcement/other: Alton J. Baise and Matt Turner, Jefferson County District Attorney's office; Jason Miles and Mickey Sterling, Port Arthur Police Department.

THERAPEUTIC PROCEDURES: An endotracheal tube is positioned appropriately in the mouth and secured with white tape. Catheters are in the right antecubital fossa and the posterior left hand. Six electrocardiographic adhesive patches are on the anterior torso. A Foley catheter is inserted in the urethral meatus and is attached to a bag containing a trace amount of clear yellow urine.

MARKS/SCARS: A 1-1/4 inch linear scar extends obliquely on the anteromedial left leg above the knee. A cluster of 1/4 inch linear scars extends horizontally on the left knee. A 1 inch linear array of punctate brown scabs extends on the anterolateral left leg midway between the knee and ankle. A 1/8 inch scab is on the anterior left leg at the ankle.

TATTOOS: Tattoos are on the upper left back at the shoulder, the right upper arm, and the lateral left leg at the ankle.

INJURIES:

Head: Two linear to curvilinear healing red abrasions are on the right temple. A focus of dark red subgaleal hemorrhage, measuring 1-1/2 x 1-1/2 inches, is over the posterior left parietal bone.

Torso: An aggregate of horizontal, linear red abrasions, measuring 1/4 – 3/4 inches, is on the upper right back at the shoulder. Two small puncture marks are on the abdomen to the right of and slightly distal to the umbilicus. The marks are arranged vertically and are located 1-1/2 inch from each other. Red to brown skin discoloration encircles each mark circumferentially, measuring up to 2 mm, and the skin is slightly tan and blistered near the center.

Extremities: Two linear red abrasions, measuring 2 – 4 inches in length, extend obliquely on the anteromedial right forearm immediately below the elbow. A red contusion encircles the right wrist, more noticeably on the anterior surface. A 2 x 1 inch blue contusion is on the anteromedial upper left arm. A 1/2 inch red contusion is on the anterolateral left forearm midway between the elbow and the wrist. A 1/2 inch red contusion is on the anteromedial left wrist. A 1/4 inch red contusion is on the posteromedial left wrist. A 1/8 inch red contusion is on the posterolateral left wrist. A 1 inch linear red abrasion extends horizontally on the anterior left ankle.

16-0585BMT
DELACRUZ, MANUEL
Page 3 of 5

EXTERNAL APPEARANCE

The body is that of a normally developed, obese adult male who is nude. No personal items accompany the body. The body weighs 286 pounds, is 69 inches in length, and appears compatible with the reported age of 26 years. Rigor mortis is full and symmetric in the upper and lower extremities, neck, and jaw. Partially fixed red-purple lividity is posterior. The body is cool.

The face is congested. Scattered acne is on the forehead. The scalp hair is black. Facial hair consists of a mustache and goatee. The irides are brown. The corneas are clear. The conjunctivae are congested, with no petechiae. The sclerae are white. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The nasal septum is palpably intact. The lips are without injury. The teeth are natural and are in moderate condition.

The neck is symmetrical and without masses or evidence of injury. The chest is symmetrical. The abdomen is protuberant. The extremities have symmetric musculature with no developmental anomalies. A small amount of brown debris is under the fingernails. The fingernail of the left fifth finger is long. A small amount of brown soil is on the medial left ankle.

The external genitalia are those of an adult male. The penis appears circumcised. The posterior torso has no non-traumatic abnormalities.

INTERNAL EXAMINATION

No adhesions are in any of the body cavities. All internal organs are in the normal anatomic positions. Scattered petechiae are on the anterior surface of the left lung. The subcutaneous fat layer of the abdominal wall is 3 inches thick.

HEAD: Injuries of the head are described above. The calvarium is unremarkable. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage. The leptomeninges are thin and delicate. The 1250 g brain is normal in shape. The cerebral hemispheres are symmetrical. The structures at the base of brain, including cranial nerves and blood vessels, are intact. The cerebral cortical ribbon is well-demarcated from the white matter. The deep nuclei and ventricles have the standard configuration with no lesions. Parasagittal views of the cerebellum and transverse views of the brainstem are unremarkable.

NECK: A layer-wise dissection of the anterior muscles of the neck is performed and reveals no hemorrhage in the musculature. The tongue mucosa is intact, with no hemorrhage in the musculature. The hyoid bone and thyroid and cricoid cartilages are intact. The laryngeal mucosa is tan and glistening, with no edema. The epiglottis is thin, with no edema. The atlanto-occipital articulation is stable. No cervical fractures are palpated.

CARDIOVASCULAR SYSTEM: The 400 g heart has a smooth, glistening epicardial surface with a moderate amount of epicardial fat. The coronary artery system is normally distributed, has patent ostia, and demonstrates no atherosclerotic stenosis. The myocardium is unremarkable. The atrial and ventricular septa are intact. The wall thickness of the left ventricle is 1.5 cm, right ventricle 0.3 cm, and septum 1.5 cm. The ventricles are not dilated. The endocardial surfaces

16-0585BMT

DELACRUZ, MANUEL

Page 4 of 5

are smooth and glistening, without hemorrhage. The four cardiac valves are thin, freely mobile, and measure as follows: Tricuspid 12 cm, pulmonic 7.5 cm, mitral 11.5 cm, and aortic 7 cm.

The aorta and its major branches arise normally and follow their usual distribution, free of significant atherosclerosis or other abnormalities. The vena cava and their major tributaries return to the heart in their usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: The 650 g right lung and 575 g left lung have normal lobation. The pleural surfaces are smooth and glistening, with moderate anthracotic pigment deposition. The parenchyma is pink-purple and has no masses, consolidations, or hemorrhage. The bronchi are unremarkable. The vasculature is without thromboemboli.

HEPATOBIILIARY SYSTEM: The 3475 g liver has a smooth, glistening, intact capsule covering red-brown parenchyma with focal areas of yellow discoloration but no visible or palpable fibrosis and no focal lesions.

The gallbladder contains 20 mL of green-brown, mucoid bile; the mucosa is yellow-green. The extrahepatic biliary tree is patent, without evidence of calculi.

ALIMENTARY SYSTEM: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa exhibits the usual rugal folds, and the lumen contains a small amount of brown chyme. The small intestines, colon, and appendix are unremarkable. The pancreas has a pink-tan, lobulated appearance, and the ducts are clear.

GENITOURINARY SYSTEM: The right kidney weighs 150 g, and the left kidney weighs 175 g. The renal capsules are smooth, thin, and semitransparent. The underlying cortical surfaces are smooth and tan-red. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable.

The urinary bladder contains no urine; the mucosa is pink-white and unremarkable. The testes, prostate gland, and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM: The 250 g spleen has a smooth, intact capsule covering dark red-purple, soft parenchyma; the white pulp is unremarkable. The regional lymph nodes are not enlarged.

ENDOCRINE SYSTEM: The thyroid gland has a normal shape and size with uniform red-brown, rubbery parenchyma. The parathyroid glands are inconspicuous. The adrenal cortices are golden-yellow and uniformly thin, while the medullae are thin and gray. The pituitary gland is unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs, and pelvis are without fracture or developmental anomaly. Muscle development is normal. The diaphragm is intact.

TOXICOLOGY: Blood, vitreous fluid, and bile are submitted. Post-mortem analysis of iliac blood is positive for a non-toxic level of olanzapine. Toxicology was also positive for atropine,

Manuel Delacruz

DELACRUZ 0068

16-0585BMT
DELACRUZ, MANUEL
Page 5 of 5

consistent with cardiopulmonary resuscitative efforts as documented in the patient's medical chart. Please refer to separate toxicology report.

HISTOLOGY: Representative sections are submitted as follows: A – posterior septal heart; B – SA node; C-E – AV node; F,G – Additional heart; H – Left lung; I – Right lung; J – Additional lung, liver, pancreas; K,L – Kidneys, adrenal glands; M - brain

Heart: No significant histopathologic change.

Lungs: Vascular congestion with intra-alveolar extravasation of blood and eosinophilic fluid; anthracosis; unremarkable lymph node.

Liver: Extensive steatosis, predominantly macrovesicular.

Pancreas: Autolysis.

Adrenal glands: Mild congestion with extravasation of blood.

Kidneys: No significant histopathologic change.

Brain: No significant histopathologic change.

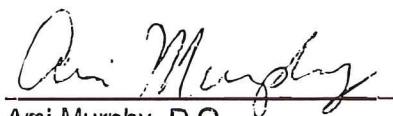
EVIDENCE: A blood stain DNA card and fingernail scrapings and clippings are submitted.

SUMMARY OF CASE/OPINION

Circumstances and history are reviewed above. Toxicology and histology are reviewed above. Autopsy was significant for petechiae of the left lung, puncture marks on the right side of the abdomen, scattered abrasions and contusions of the skin, obesity, and hepatic steatosis.

There is no definitive explanation for the underlying etiology of the cause of death. For this reason, based on the currently available information, the cause and manner of death in this case are best classified as undetermined. In the event that additional information becomes available, this report may be amended.

In my opinion, the cause of death of Manuel Delacruz is undetermined. The manner of death is undetermined.


Ami Murphy, D.O.
Forensic Pathologist
AM/mt


Date